## Case 20-11395-amc Doc 14-7 Filed 03/18/20 Entered 03/18/20 19:22:46 Desc Schedule I Page 1 of 2

Fill in this information to identify	your case.					
Debtor 1 Rosemary Bllair First Name	Middle Name	Last Name		-		
Debtor 2	wildule Name	Lastivame				
(Spouse, if filing) First Name	Middle Name	Last Name				
United States Bankruptcy Court for the: E	Eastern District of Pennsyl	vania 🔻				
Case number 20-11395				Check if th	nis is:	
(If known)				☐ An am	ended filing	
					plement showing pose as of the following	•
Official Form 106I				MM / D	D/ YYYY	
Schedule I: You	ir Income					12/15
upplying correct information. If yo you are separated and your spou eparate sheet to this form. On the  Part 1: Describe Employm	se is not filing with you, top of any additional pa	do not include in	formati	on about your spor	use. If more space is	needed, attach a
Fill in your employment information.		Debtor 1			Debtor 2 or non-	filing spouse
If you have more than one job, attach a separate page with information about additional employers.	Employment status	☐ Employed ☐ Not employ	/ed		☐ Employed ☐ Not employed	
Include part-time, seasonal, or self-employed work.						
Occupation may include student or homemaker, if it applies.	Occupation					
	Employer's name					
	Employer's address					
		Number Street			Number Street	
		City	State	ZIP Code	City	State ZIP Code
	How long employed the	ere?	-			
Part 2: Give Details About  Estimate monthly income as of		<b>m.</b> If you have noth	ning to r	eport for any line, wr	ite \$0 in the space. Inc	clude your non-filing
spouse unless you are separated.  If you or your non-filing spouse habelow. If you need more space, at	ave more than one employ		ormatio	n for all employers fo	or that person on the li	nes
below. If you need filore space, at	uaon a separate sneet to t	ilio IUIIII.		For Debtor 1	For Debtor 2 or non-filing spouse	
<ol><li>List monthly gross wages, sala deductions). If not paid monthly,</li></ol>			2.	\$	\$	_
Estimate and list monthly ever			_			

Official Form 106l Schedule I: Your Income page 1

4. Calculate gross income. Add line 2 + line 3.

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Debtor 1 Rosemary Bllair

First Name Middle Name Last Name

Case number (if known) 20-11395

		For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	<b>→</b> 4.	\$	\$
5. List all payroll deductions:			
a. Tax, Medicare, and Social Security deductions		\$	\$
5b. Mandatory contributions for retirement plans	5b.	\$	_ \$
5c. Voluntary contributions for retirement plans		\$	_ \$
5d. Required repayments of retirement fund loans	5d.	\$	_ \$
5e. Insurance	5e.	\$	_ \$
5f. Domestic support obligations	5f.	\$	_ \$
5g. Union dues	5g.	\$	_ \$
5h. Other deductions. Specify:	5h.	+\$	+ \$
6. <b>Add the payroll deductions</b> . Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h	n. 6.	\$	\$
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	
8. List all other income regularly received:			
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross			
receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	\$
8b. Interest and dividends	8b.	\$	
8c. Family support payments that you, a non-filing spouse, or a depend regularly receive	lent		
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	\$
8d. Unemployment compensation	8d.	\$	_ \$
8e. Social Security	8e.	\$1,801.00	) \$
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assista that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:	ance 8f.	\$	_ \$
8g. Pension or retirement income	- 8g.	¢	¢
	ŭ	Ψ	_ Ψ
8h. Other monthly income. Specify: Daughter	_ 8h.		7
9. <b>Add all other income</b> . Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$ 2,301.00	) \$
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10	\$ 2,301.00	) + \$
11. State all other regular contributions to the expenses that you list in School			
Include contributions from an unmarried partner, members of your household, friends or relatives.			
Do not include any amounts already included in lines 2-10 or amounts that are			
Specify:			1
12. Add the amount in the last column of line 10 to the amount in line 11. The Write that amount on the Summary of Your Assets and Liabilities and Certain			•
13. Do you expect an increase or decrease within the year after you file this	s form'	?	
✓ No.  ☐ Yes. Explain:			
— 165. Lapiaiii.			